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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/752,402			ing Date 06/2004	To be Mailed
APPLICATION AS FILED — PART I  (Column 1) (Column 2) SMALL ENTITY   OR SMALL ENTITY  OR SMALL ENTITY												
FOR			JMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =					x \$ =		OR	x \$ =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *		•			x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	If the specification and drawi sheets of paper, the applicat is \$250 (\$125 for small entity additional 50 sheets or fracti 35 U.S.C. 41(a)(1)(G) and 3			n size fee due for each i thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		]	TOTAL	
APPLICATION AS AMENDED – PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTI												
AMENDMENT	04/26/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 20	Minus	<b>→</b> 20		= 0		X \$25 =	0	OR	x s =	
	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0		X \$100 =	0	OR	x s =	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(i))		Minus					x \$ =		OR	x \$ =	
	Independent (37 CFR 1,16(h))		Minus	***				x \$ =		OR	x \$ =	
Ä.	Application Size Fee (37 CFR 1.16(s))									]		
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
										OR	TOTAL ADD'L FEE	
" if the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Hichest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USFTO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in the 92 annuates to complete, another implication, preparing, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS